FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1		OHUANUE	Allon	f	TOTAL NO TO ALL 1. 31
	<u> </u>	<u> </u>		<u> </u>	FORTIE UNA PINA CENTED
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	5
AMERIC	AN S	OVEREIGNI	Y PAC	1111	
	<u>1   1   1   1   1   1   1   1   1   1  </u>	<u> </u>	<u> </u>	1 1 1 1	
ADDRESS (number a	and street)	2961-A HUI	NTER MILL RO	DAD	
(Check if a	ddress	SUITE 808			
is changed		OAKTON		VA	22124
			СПУ	STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRES	S (Please provide only one e	-mail address)		
(Check if	address	INFO@AMI	FRICANSOVE	REIGI	VTYPAC,COM
is change					
COMMITTEE'S WEE	PAGE ADD	RESS (URL)			
(Check if	addrace	AMERICAN	ISOVEREIGN	TYPA	C.COM.
is change		<u> </u>		1111	
2. DATE 03 '30 '2012'					
3. FEC IDENTIFIC	CATION NUI	MBER C 0	0229385		
4. IS THIS STATE	MENT	NEW (N) OR	AMENDED (A)	<u> </u>	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer ELDON ALEXANDER					
Signature of Treasure	er <u>&amp;</u>	BAXU		Date 04	4 ′ 02 ′ 2012 ′
NOTE: Submission of false, erroneous, or incomplete information magnistical the personnel signing and Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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. TYPE OF COMMITTEE							
	Can	didate	Committee:				
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name Candi		<u> </u>				
	Candi Party	i <b>detle</b> Affiliatio	Office Sought: House Senate President	State District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi						
	Part	y Con	nmittee:				
	(d)		• • • • • • • • • • • • • • • • • • • •	Democratic, Republican, etc.) Party.			
	Political Action Committee (PAC):						
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:			
			Corporation Wo Capital Stock	Labor Organization			
			Membership Organization Trade Association	Cooperative			
			In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative			
	<b>(f)</b>	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segment of the supports of the support of the supports of the support o	gregated fund or party			
			committee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fundraising Representative:						
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is on authorized committee of a federal candidate.	o or more political			
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
		Com	mittees Participating in Joint Fundraiser				
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		2.					
		3.		ere eriken medien, erikare, erike energie erike in erike. George erike erike andere erike			
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		4.	FEC ID number C	ing di kacamatan di Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn			

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Write or Type Committee Nam	9	
AMERICAN S	SOVEREIGNTY PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	ship PAC Sponsor
NONE : : : :		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
7. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
Full Name ELD(	ON ALEXANDER	
Mailing Address	2961-A HUNTER MILL ROAD	
	<b>SUITE 808</b>	
	OAKTON VA 221	24
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number [703] - [2	64,2024,
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name of Treasurer	ON ALEXANDER	
Mailing Address	2961-A HUNTER MILL ROAD	
	<b>SUITE 808</b>	
	CITY STATE	ZIP CODE
Title or Position TREASURER		64  -[2024 <sub>]</sub>

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Full Name of Designated Agent	DON ALEXANDER	
Mailing Address	<b>12961-A HUNTER,MILL,ROAD</b> , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(SUITE,808 , , , , , , , , , , , , , , , , , ,	
	OAKTON VA	22124 - ZIP CODE
Title or Position	R Telephone number	703   -   264   -   2024
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safety deposit boxes of Name of Bank, Depos	or maintains funds.	sits funds, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	r maintains funds. itory, etc. ELLS FARGO BANK NA	sits funds, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds.	sits funds, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	r maintains funds. itory, etc. ELLS FARGO BANK NA	sits funds, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	r maintains funds. itory, etc. ELLS FARGO BANK NA	
safety deposit boxes of Name of Bank, Depos	r maintains funds. itory, etc.  ELLS, FARGO BANK NA  PO BOX 6995	
safety deposit boxes of Name of Bank, Depos	PORTLAND  CITY  STATE	97228
safety deposit boxes of Name of Bank, Depos	PORTLAND  CITY  STATE	97228
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name of Bank, Deposition	PORTLAND  CITY  STATE	97228
safety deposit boxes of Name of Bank, Depos	PORTLAND  CITY  STATE	97228

CITY

ZIP CODE

STATE

12030872827

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	Date of Receipt
Hand Delivered	•
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
LIODO Driorito Mail	Postmarked
USPS Priority Mail  Delivery Confirmation™ or Si	ignature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	·
No Postmark	· · · · · · · · · · · · · · · · · · ·
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt se
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	8/16/12